

## *Editorial*

# **Major pitfall of new clinical training systems in Japan: possible collapse of basic medical research**

HIROYUKI SHINDOU

Department of Orthopaedic Surgery, Graduate School of Medicine, Nagasaki University, 1-7-1 Sakamoto, Nagasaki 852-8501, Japan

The well-being of clinical practice, medical research, and medical education is about to be destroyed by the largest-ever example of misguided government in modern Japan: the structural reforms proposed by the Koizumi cabinet. Negative trends are becoming increasingly obvious, including an increase of medical errors, substantial reduction of medical quality, deterioration of the quality of medical students, and increased data fabrication in medical research. One of the root causes of these trends is that value judgments tend to be made on the basis of a results-oriented approach (rapidly introduced market fundamentalism-based U.S.-style systems) in all aspects of society, including medicine and clinical practice. I believe this has led to the collapse of the social climate that has always nurtured Japan's essential humanity, such as humane sympathy based on the traditional "bushido" spirit, sincerity, and true professionalism, of which the Japanese people and society had long been proud. People-friendly medical practice is about to disappear; with health-care systems based on a dubious, contract-like facade to evade responsibility as well as for-profit health care corporations prevailing. Am I the only one worrying that even medical research, traditionally aimed at providing hope for patients, may finally decline?

What will be the effects of the new postgraduate clinical training systems introduced in 2004 on clinical practice and medicine in Japan, specifically the status of basic medical research?

Medical internship and medical research systems introduced to Japan after World War II had a critical defect: Under these systems, there was a tendency even in clinical medicine for academic research activities to be overvalued while clinical practice and educational activities were undervalued. The attitude of "giving top

priority to research and writing" even in clinical medicine may lead to serious problems. Although today's deterioration in clinical practice has not wholly resulted from the former training systems, it is noteworthy that the new training systems have led to certain improvements, such as (1) financial assurance for medical interns, (2) freedom when choosing training hospitals, and (3) enhancement of the quality of training programs.

According to the results of a survey conducted this year by the Ministry of Health, Labour, and Welfare, however, 92% of medical interns intend to obtain specialist qualifications under the new system, whereas those who intend to obtain a Ph.D. degree account for only 35%. In the field of orthopedics, for example, most young surgeons care only about improving their techniques and try to master them; thus, there is a risk of their aiming to become mere "medical carpenters."

Furthermore, new training systems, which emphasize the specialist system, could finally eliminate the Ph.D. and postgraduate education systems, which together have been supporting basic medical research in Japan. These systems have provided the basis for an ideal process whereby clinicians solve various problems arising from clinical practice by applying methods of basic medical research and then feeding back the results to clinical practice.

The introduction of new training systems actually means "worsening," not "reforming," medical research in Japan because this is likely to prevent the advancement of medical research. In other words, the new systems are at high risk of becoming a "major pitfall" that will lead to the collapse of the basic medical research system in Japan.

The introduction of new postgraduate clinical training systems will certainly reduce the chances for clinicians to develop research-oriented and scientific minds. It will also deprive them of opportunities to develop an

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Offprint requests to: H. Shindou  
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interest and participate in basic medical research. I am confident that I am not the only one worrying that this may be a great obstacle to nurturing orthopedic clinicians with adequate problem-solving skills, who represent the type of clinician patients need and respect.

An appropriate intervention in this situation would be to establish a system requiring would-be specialists to work as research fellows for a certain period to maintain and advance basic medical research in orthopedics in Japan.